

**State of Maine  
Board of Licensure in Medicine  
137 SHS, 161 Capitol Street  
Augusta, Maine 04333-0137  
Minutes of February 14, 2012  
INDEX**

I. Call to Order .....	1
A. Amendments to Agenda	
1. Licensing – (List B) Rachel M. Swartz, M.D. ....	1
II. Progress Reports	
1. CR 09-314 David B. Nagler, M.D. ....	2
2. CR 10-340 David B. Nagler, M.D. ....	2
3. CR 11-343 .....	2
4. CR 11-399 Frederick Van Mourik, M.D. ....	2-3
5. CR 11-434 .....	3
6. Intentionally Left Blank	
7. Complaint Status Report (FYI) .....	3
8. Review Draft Letters of Guidance	
A. CR 11-325 Frederick R. Radke, M.D. ....	3
B. CR 11-477 Matthew D. Bush, M.D. ....	3
C. CR 11-481 Paul A. Tessier, M.D. ....	4
9. Consumer Feedback (FYI)	
III. New Complaints	
10 CR 11-402 .....	4
11 CR 11-508 .....	4
12 CR 11-440 .....	4
13 CR 11-479 .....	4
14 CR 11-435 .....	4-5
15 CR 11-436 .....	5
16 CR 11-457 .....	5
17 CR 11-487 .....	5-6
18 CR 11-489 .....	6
19 CR 11-502 .....	6
20. CR 11-503 .....	6-7
21. CR 11-511 .....	7
22. CR 11-521 .....	7
23. Intentionally Left Blank	
IV. Assessment and Direction	
24. AD 11-449 (CR 12-22) .....	7
25. AD 12-4 (CR 12-21) .....	7
26. AD 12-12 (CR 12-20) .....	7-8
V. Informal Conference CR 10-290 Michael C. MacDonald, M.D. ....	8
VI. Minutes of January 10, 2012 .....	8
VII. Board Orders and Consent Agreement Monitoring and Approval	
A. Board Orders	

1. Wesley A. McEldeen, M.D. (see Appendix A attached).....	8
B. Consent Agreement Monitoring and Approval	
1. George Butlers, M.D. (Letter from workplace monitor - FYI) .....	8
2. John Newcomb, M.D. (Clarification by AAG - FYI) .....	8
3. Timothy J. Wiegand, M.D. - Proposed amendment to Consent Agreement .....	8-9
4. Linda Keniston, M.D. (Counselor report).....	9
5. Benjamin Brown, M.D.....	9
6. John Boothby, M.D. (see Appendix B attached) .....	9
VIII. Adjudicatory Hearing CR 10-476 Cesar O. Garcia, M.D. – Rescheduled to March 13, 2012.	
IX. Remarks of Chairman	
A. FSMB Annual Meeting House of Delegates Resolution .....	9-10
B. Review Letter of Support for POLST .....	10
X. Executive Director’s Monthly Report	
A. Complaint Status Report (FYI) .....	10
B. Policy Review – Medical Practice Across State Lines .....	10
C. Suggestions for Writing Motions (FYI) .....	10
XI. Medical Director’s Report	
A. Action Plan resulting from LD 1501 Work Group Report (FYI) .....	10
B. Teaching Professionalism (FYI) .....	10
C. Newsletter Feedback (FYI) .....	10
D. Classification of Prescriptions (FYI) .....	10
XII. Remarks of Assistant Attorney General (None)	
XIII. Secretary’s Report	
A. List A.....	10
1. M.D. List A Licenses for Ratification .....	11
2. P.A. List A Licenses for Ratification.....	11
B. List B Applications for Individual Consideration.....	11
1. Anna Trede, M.D. ....	12
2. Rachel M. Swartz, M.D. ....	12
C. List C Applications for Reinstatement	
1. List C Applications for Reinstatement.....	12
2. List C Applications for Reinstatement for Individual Consideration (None)	
D. List D Withdrawals (None)	
E. List E Licenses to lapse by operation of law (FYI) .....	12-13
F. List F Licensees requesting to convert to active status (None)	
G. List G Renewal applications for review	
1. Peter Dicks, M.D.....	13
H. List H. .... Physician Assistant Schedule II Authority Requests (For Ratification)	
1. Applications to Renew Schedule II Authority (None)	
2. Applications for New Schedule II Authority .....	13-14
XIV. Standing Committee Reports	
A. Administration, Policy & Rules Committee	
1. Quarterly Financial Analysis .....	14
2. Action to adjust revenue by authorizing certain fee increases.....	14
3. Proposed Annual Goals (FYI) .....	14

B. Legislative & Regulatory Committee .....	14
XV. Board Correspondence (FYI).....	14
XVI. FYI .....	14
XVII. FSMB Material (None)	
XVIII. Other Business	
A. MPHP Proposed Mental Health Treatment Protocol.....	14-15
XIX. Adjournment (4:00 p.m.) .....	15

**State of Maine  
Board of Licensure in Medicine  
137 SHS, 161 Capitol Street  
Augusta, Maine 04333-0137  
Minutes of February 14, 2012**

**BOARD MEMBERS PRESENT**

Gary R. Hatfield, M.D., M.D., Chairman  
Maroulla Gleaton, M.D., Board Secretary  
David R. Andrews, M.D.  
Louisa Barnhart, M.D.  
Cheryl Clukey  
David H. Dumont, M.D.  
Dana Dyer  
David D. Jones, M.D.  
David Nyberg, Ph.D.

**BOARD STAFF PRESENT**

Randal C. Manning, Executive Director  
Mark C. Cooper, M.D., Medical Director  
Jean M. Greenwood, Board Coordinator  
Dan Sprague, Assistant Executive Director  
Tim Terranova, Consumer Assistant  
Maria MacDonald, Board Investigator

**ATTORNEY GENERAL'S OFFICE**

Dennis Smith, Assistant Attorney General  
Detective James Gioia

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The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S. §405) and 10 M.R.S.A. §8003-B, and 22 M.R.S. § 1711-C). The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by PowerPoint projection.

**PUBLIC SESSIONS**

9:07 a.m. – 9:08 a.m.	Call to Order
10:14 a.m. – 10:27 a.m.	Recess
11:11 a.m. – 11:16 a.m.	off the record
11:38 a.m. – 11:39 a.m.	Informal Conference Motion
12:35 p.m. – 12:52 a.m.	Recess
12:52 p.m. – 1:27 p.m.	MPHP Proposal
1:27 p.m. – 4:00 p.m.	Public Session

**PURPOSE**

**EXECUTIVE SESSION**

9:08 a.m. – 10:14 a.m.	Progress Reports and New Complaints
10:27 a.m. – 11:11 a.m.	Progress Reports and New Complaints
11:16 a.m. – 11:38 a.m.	Informal Conference
11:39 a.m. – 12:35 p.m.	New Complaints

I. Call to Order - Dr. Hatfield called the meeting to order at 9:00 a.m.

A. Amendments to Agenda

1. Licensing – (List B) Rachel M. Swartz, M.D.

## II. Progress Reports

### 1. CR 09-314 David B. Nagler, M.D.

Dr. Nyberg moved to dismiss CR 09-314 David B. Nagler, M.D. with a letter of guidance. Dr. Jones seconded the motion, which passed unanimously.

The patient complains Dr. Nagler performed heart rate screening without a chaperone and made her feel uncomfortable by the way he used his stethoscope and by his mention of breast exams. Dr. Nagler agrees he performed these screenings to determine whether the patient's medication was producing an increased heart rate, without a chaperone present, but he was unaware of causing any discomfort. His mention of the importance of breast exams was in response to the patient's history and fear of breast cancer. The Board conducted a thorough investigation, which included independent assessments of the complaint and its surrounding circumstances by three physicians. In addition, Dr. Nagler has provided a report describing the steps he has taken to improve his practice and prevent such complaints arising in the future. The Board concludes that a dismissal with a letter of guidance is the proper disposition of this case. The letter of guidance will reaffirm what Dr. Nagler has already learned from this experience, namely, that he should remain vigilant in not compromising his professional boundaries by limiting his physical contact with patients, practicing strictly within the scope of his specialty, and making referrals for all other exams and treatments.

### 2. CR 10-340 David B. Nagler, M.D.

Dr. Jones moved to dismiss CR 09-340 David B. Nagler, M.D. with a letter of guidance. Dr. Dumont seconded the motion, which passed unanimously.

The Board brought a complaint against Dr. Nagler for acting in an incompetent and unprofessional manner. The Board commends the changes he has made and emphasizes the importance for him to continue:

- To prescribe controlled substances responsibly.
- To recognize and respect physical/sexual boundaries.
- To communicate with and utilize patients' primary care physicians (PCPs).
- To practice only within his scope of practice.
- To continue discussing difficult cases with his peers.

### 3. CR 11-343

Dr. Dumont moved to investigate further CR 11-343. Dr. Jones seconded the motion, which passed unanimously.

### 4. CR 11-399 Frederick Van Mourik, M.D.

Dr. Dumont moved to dismiss CR 11-399 Frederick Van Mourik, M.D. with a letter of guidance. Dr. Gleaton seconded the motion, which passed unanimously.

This is a complaint that originated from the Attorney General's Office regarding inappropriate prescribing of controlled substances to a patient. This case and several others that were identified using the State of Maine Prescription Monitoring Program were reviewed. Several issues with controlled substance prescribing were identified that were subsequently addressed by the physician. The physician explains his past and present prescribing pattern and the changes he has made to his practice.

The physician shows appropriate concern about these issues and has instituted several practice changes. The letter of guidance will reflect the need for ongoing diligence in prescribing medications that could be abused. The letter should include the following suggestions:

- Consider an outside review of how the practice manages chronic pain patients, such as the one provided by the Maine Medical Association.
- Continue the practice of "Trust but Verify" using random urine drug tests, random pill counts, and the Maine Prescription Monitoring Program.
- Consider limiting prescription quantities of controlled substances, and use a recurring weekday renewal date in order to avoid the need for early refills around weekends.

5. CR 11-434

Dr. Barnhart moved to dismiss CR 11-434. Dr. Jones seconded the motion, which passed unanimously.

This physician used e-mail for therapy and used inappropriate language. The email was accidentally sent to the wrong recipient and this recipient was offended by the language used by the physician.

This physician has appropriately addressed and incorporated the AMA electronic media guidelines in her practice so such behavior should not recur.

6. Intentionally Left Blank

7. Complaint Status Report (FYI)

8. Review Draft Letters of Guidance

A. CR 11-325 Frederick R. Radke, M.D.

Dr. Dumont moved to approve the letter of guidance to Dr. Radke. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.

B. CR 11-477 Matthew D. Bush, M.D.

Dr. Gleaton moved to approve the letter of guidance to Dr. Bush. Dr. Dumont seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.

C. CR 11-481 Paul A. Tessier, M.D.

Mr. Dyer moved to approve the letter of guidance to Dr. Tessier. Dr. Gleaton seconded the motion, which passed unanimously.

9. Consumer Feedback (FYI)

III. New Complaints

10 CR 11-402

Dr. Jones moved to investigate further CR 11-402. Dr. Gleaton seconded the motion, which passed unanimously.

11 CR 11-508

In the matter of CR 11-508 Dr. Andrews moved to offer a consent agreement to the licensee that resolves both the complaint and the licensee's pending application for license renewal. The consent agreement will be based upon the physician's frequency and pattern of surgical complications and unacceptable medical judgment and decision making. The consent agreement will require the licensee to hold an inactive Maine medical license, which does not allow her to practice medicine. Dr. Jones seconded the motion, which passed unanimously.

12 CR 11-440

Mr. Dyer moved to dismiss CR 11-440. Dr. Jones seconded the motion, which passed unanimously.

The patient in this case is subject to institutional care. He complains that a requested skin graft was refused and that he did not receive appropriate care for his knee. The physician, who is the institution's medical director, explains that the skin graft was elective and that physical therapy determined the requested knee brace was not indicated. The patient has subsequently requested his complaint be dropped

13 CR 11-479

Dr. Jones moved to investigate further CR 11-479. Dr. Gleaton seconded the motion, which passed unanimously.

14 CR 11-435

Ms. Clukey moved to dismiss CR 11-435. Dr. Jones seconded the motion, which passed unanimously.

The patient complains that her physician refused to treat her and sent her away without medications. The physician explains (and the medical record confirms) the extraordinary measures she and her office staff took in caring for this patient and arranging for free medications, which was a priority due to the patient's lack of insurance and unemployment. The patient herself takes no responsibility for her failure to make follow-up appointments and to complete required paperwork for the free medications. While it appears to be true that the patient has personal and financial difficulties, there is no factual foundation for the complaint against this physician.

15 CR 11-436

Ms. Clukey moved to dismiss CR 11-436. Dr. Gleaton moved to second the motion, which passed unanimously.

The complainant, who left the physician's practice more than a year ago, alleges the physician is unprofessional, yells at and is otherwise rude to patients, and needs treatment for anger management. The physician replies that she had an important and extended discussion with the patient about several dire consequences of not being compliant with her medication and follow-up appointments. She attempted to explain that the patient was making her condition worse (endangering her eye) through neglect. The patient became angry and left abruptly, without a scheduled examination and without a prescription refill. The physician submitted recent patient satisfaction surveys which suggest a high improbability that the complainant's description of her demeanor is accurate. Good physicians try to educate their patients about the necessities and nuances of their treatment. Not all patients welcome such attempts.

16 CR 11-457

Dr. Dumont moved to dismiss CR 11-457. Dr. Jones seconded the motion, which passed unanimously.

In this case a patient alleges that a physician inappropriately stopped her medications, did not provide her with appropriate referrals, and made her go to the emergency department (ED) when she was in pain. The patient did not sign a record release but the physician replies that he only saw the patient one time and that this was for diarrhea and abdominal pain. At that visit it was noted she was already on 10 Vicodin tablets per day and was scheduled for orthopedic surgery. The physician suggested re-evaluation of her pain after surgery.

The only other interactions he had with the patient were two phone calls; one for follow-up and referral for a culture and the other when the patient called stating she was having severe pain. The physician appropriately referred the patient to the ED in this instance. Medical care appears appropriate.

17 CR 11-487

Mr. Dyer moved to dismiss CR 11-487. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.



The complainant feels the physician did not consider the possibility of a drug reaction causing her multiple symptoms, even when the complainant asked if this was a possible cause of her symptoms. This event occurred almost 6 years ago. The physician outlines his care, which was appropriate. The file is incomplete because the complainant refused to release records for the Board to review.

18 CR 11-489

Dr. Andrews moved to dismiss CR 11-489. Mr. Dyer seconded the motion, which passed unanimously.

The complainant alleges substandard care in the case of her daughter's ankle tendon laceration because diagnostic imaging and surgery were not performed, and physical therapy was not prescribed. The patient was examined by the doctor three times before the patient's return to her home country, where a diagnostic ultrasound was done. Tendon transection was diagnosed and surgery was required.

The physician states that ultrasound was not warranted based on the three patient exams accomplished during his 30 days of involvement. He believes that the partially lacerated tendon became fully ruptured after the final office visit.

A review of records documents acknowledgment of the possibility of tendon injury at the first exam. Tendon integrity was well documented in the subsequent two exams, and physical therapy recommendations were made.

In the presence of normal tendon function on exam, there was no indication for additional diagnostic imaging or surgery, and care is deemed to have been appropriate.

19 CR 11-502

Dr. Gleaton moved to dismiss CR 11-502. Dr. Jones seconded the motion, which passed unanimously.

A patient complains about the evaluation and treatment she received by an emergency room physician. Review of the record reveals reasonable care for a tick bite and wrist injury. The emergency doctor did not interpret her x-ray of a wrist injury correctly, missing a subtle fracture without bone displacement, but discussed this possibility with the patient during the visit, adding that interpretation by an expert radiologist would happen the next day. The patient chose the less conservative splinting therapy. There was a three day lag before the accurate results of her x-ray study were conveyed to the patient's primary care provider. Several attempts to reach the patient directly had failed. This lag was deemed unacceptable by the hospital quality care director and appropriate steps have been taken to prevent this occurring in the future, the goal being to have conveyance of radiologic interpretation within twenty-four hours.

20. CR 11-503

Dr. Gleaton moved to investigate further CR 11-503. Dr. Jones seconded the motion, which passed unanimously.

21. CR 11-511

Dr. Barnhart moved to investigate further CR 11-511. Dr. Dumont seconded the motion, which passed unanimously.

Dr. Barnhart moved to deny the physician's motion to quash the Board's subpoena. Dr. Dumont seconded the motion, which passed unanimously.

22. CR 11-521

Dr. Barnhart moved to dismiss CR 11-521. Dumont seconded the motion, which passed unanimously.

The patient makes unsubstantiated allegations about the physician's demeanor and professionalism. In addition, the patient alleges that the physician discontinued medications without reason, used a non-preferred laboratory for testing, failed to notify her of a test result within a reasonable time, and required monthly appointments. The patient disagreed with the focus on the priority issue and alleges the physician did not discuss the side effects of her medication. The physician apologized for any apparent lack of consideration the patient may have felt during the course of treatment. The physician requested the patient use a laboratory that provided timely reports to him. In addition, the physician provided a detailed explanation of the patient's medical history and treatment, including monthly encounters to monitor the patient's physical response and support the patient's progress in treatment. A review of the medical records shows that the patient was responding well to the treatment appropriately prescribed by the physician. The physician admired the patient's progress.

23. Intentionally Left Blank

IV. Assessment and Direction

24. AD 11-449 (CR 12-22)

Dr. Jones moved to issue a complaint in the matter of AD 11-449 (CR 12-22). Dr. Gleaton seconded the motion, which passed unanimously.

25. AD 12-4 (CR 12-21)

Dr. Dumont moved to issue a complaint in the matter of AD 12-4 (CR 12-21). Dr. Gleaton seconded the motion, which passed unanimously.

26. AD 12-12 (CR 12-20)

Dr. Gleaton moved to issue a complaint in the matter of AD 12-12 (CR 12-20). Dr. Barnhart seconded the motion, which passed unanimously.

V. Informal Conference CR 10-290 Michael C. MacDonald, M.D.

Dr. Dumont moved to dismiss CR 10-290 Michael C. MacDonald, M.D. with a letter of guidance. Dr. Jones seconded the motion, which passed unanimously.

This case involves a complaint against a physician for inappropriate prescribing and monitoring of patients on controlled substances. Multiple charts have been reviewed by the Board over a several month period. This review demonstrated that initially the physician was prescribing large quantities of narcotics and benzodiazepines to patients without following recommended guidelines. The physician has now changed the location and style of his practice and is no longer prescribing narcotics on a long-term basis or for chronic pain indications. A significant improvement in his prescribing practices has been noted and is to be applauded.

The letter of guidance will suggest the following:

1. The physician should continue the positive changes that he has made in limiting the frequency and amount of narcotic prescriptions that he writes.
2. The physician should also continue to follow Universal Precautions in his prescribing of all controlled substances, including benzodiazepines.
3. The physician should use the Maine Prescription Monitoring Program to check on patient medication history prior to writing prescriptions for controlled substances.

VI. Minutes of January 10, 2012

Dr. Jones moved to approve the minutes of the January 10, 2012 as corrected. Ms. Clukey seconded the motion, which passed unanimously.

VII. Board Orders and Consent Agreement Monitoring and Approval

A. Board Orders

1. Wesley A. McEldoon, M.D. (see Appendix A attached)

Dr. Gleaton moved to approve a Board Order in the matter of Wesley A. McEldoon, M.D. Dr. Dumont seconded the motion, which passed unanimously.

B. Consent Agreement Monitoring and Approval

1. George Butlers, M.D. (Letter from workplace monitor - FYI)
2. John Newcomb, M.D. (Clarification by AAG - FYI)
3. Timothy J. Wiegand, M.D. - Proposed amendment to Consent Agreement

Dr. Wiegand requested to amend his consent agreement by inserting the following language after the fifth sentence in paragraph 4:

In addition to using some of the medication he prescribed for his wife, Dr. Wiegand was also taking opiate medication prescribed to him by his orthopedic surgeon and primary care physician following total hip replacement and knee surgeries in August 2009.

Dr. Nyberg moved to accept the proposed amendment to Dr. Wiegand's consent agreement. Dr. Gleaton seconded the motion, which passed unanimously.

Dr. Jones moved to accept the monitors approved by the New York State Board of Medicine Physician Health Program for Dr. Wiegand. Ms. Clukey seconded the motion, which passed unanimously.

4. Linda Keniston, M.D. (Counselor report)

Dr. Gleaton moved to table the report. Dr. Dumont seconded the motion, which passed 8-0-0-1 with Dr. Barnhart recused.

5. Benjamin Brown, M.D.

Dr. Dumont moved to approve Dr. Brown's request for a change in providers. Dr. Brown is proposing Carol Ann Faigin, Ph.D. to replace Dr. Holcolm while she is on medical leave. Dr. Jones seconded the motion, which passed unanimously.

6. John Boothby, M.D. (see Appendix B attached)

Dr. Gleaton moved to approve the consent agreement for John Boothby, M.D. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Nyberg recused.

Dr. Jones moved to deny approval of the course proposed by Dr. Boothby to fulfill the required substantive course in medical ethics and boundaries required by his consent agreement. Mr. Dyer seconded the motion, which passed 8-0-0-1 with Dr. Nyberg recused.

VIII. Adjudicatory Hearing CR 10-476 Cesar O. Garcia, M.D. – Rescheduled to March 13, 2012.

IX. Remarks of Chairman

A. FSMB Annual Meeting House of Delegates Resolution

Dr. Nyberg moved to submit the following resolution to the Federation of State Medical Boards for establishment of a Platinum Standard Certification for Licensure for the purpose of multi-state practice. Dr. Gleaton seconded the motion, which passed unanimously.

RESOLVED: The Federation of State Medical Boards shall convene and charge Member Boards with defining and developing a set criteria of qualifications for a Platinum Standard Certification, and a system to allow State Medical Boards to make rapid licensing available to the highest caliber of licensed physicians, **by September 2012.**

RESOLVED: The Federation of State Medical Boards shall conduct a feasibility study to determine the demand for and resources necessary to modify the current Federation Credentials Verification Service (FCVS) product to accommodate the Platinum Standard Certification, and make a **FINAL REPORT TO THE BOARD BY OCTOBER 2012.**

RESOLVED: That a complete implementation plan be prepared and presented to the **2013 House of Delegates.**

B. Review Letter of Support for POLST

Dr. Gleaton moved to approve and send the letter to Dr. Elizabeth Hart supporting the concept of Physician Orders for Life-Sustaining Treatment initiatives. Dr. Dumont seconded the motion, which passed unanimously.

X. Executive Director's Monthly Report

A. Complaint Status Report (FYI)

B. Policy Review – Medical Practice Across State Lines

Dr. Barnhart moved to reaffirm the Policy – Medical Practice Across Lines. Dr. Dumont seconded the motion, which passed unanimously.

C. Suggestions for Writing Motions (FYI)

XI. Medical Director's Report

A. Action Plan resulting from LD 1501 Work Group Report (FYI)

B. Teaching Professionalism (FYI)

C. Newsletter Feedback (FYI)

D. Classification of Prescriptions (FYI)

XII. Remarks of Assistant Attorney General (None)

XIII. Secretary's Report

A, List A

1. M.D. List A Licenses for Ratification

Dr. Jones moved to ratify the physicians on List A for licensure. Ms. Clukey seconded the motion, which passed unanimously.

The following license applications have been approved by Board Secretary, Maroulla Gleaton, M.D. without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Bagci, Shawn E.	Internal Medicine	Presque Isle
Banerjee, Sirshendu	Internal Medicine	Bangor
Barger, Andrew V.	Diagnostic Radiology	Not Listed
Call, Linda P.	Psychiatry	Bangor
Cesar, Carlose E.	Emergency Medicine	Not Listed
Chi, Jamin C.	Anesthesiology	York
Cuddihy, Maria-Teresa	Internal Medicine	Not Listed
Duncan, Casey E.	Radiation Oncology	Presque Isle
Einstein, Daniel P.	Family Medicine	Not Listed
Foresman, Ryan N.	Internal Medicine	Portland
Grigorescu, Bogdan A.	OB/GYN	Portland
Hagan, Joseph M.	Anesthesiology	Lincoln
Howard, III., Jerry L.	General Surgery	Presque Isle
Loewinger, Michael B.	Internal Medicine	Warren
Masson, Vivek	Diagnostic Radiology	Not Listed
McKee, Mary Ann	Neurology	Not Listed
Oxenhandler, Donald C.	Neurosurgery	Lewiston
Pillai, Ansi K.	Internal Medicine	Waterville
Rashada, Kim B.	OB/GYN	Waterville
Tan, Kenneth T.	Diagnostic Radiology	Not Listed

2. P.A. List A Licenses for Ratification

Dr. Jones moved to ratify Dr. Gleaton's approval of the physician assistants on PA List A below for licensure. Dr. Dumont seconded the motion, which passed unanimously.

The following Physician Assistant license applications have been approved by the Board Secretary, Maroulla Gleaton, M.D. without reservation:

<u>Name</u>	<u>License</u>	<u>PSP</u>	<u>Location</u>
Brigham McKenney	Active	Michael Becker, M.D.	Falmouth
John Stewart	Active	David Burke, M.D.	Brewer
Sarah Whitty	Active	Glenn Rampe, M.D.	Brewer
Nicole Johnson	Active	George Kousaie, M.D.	Dover-Foxcroft
Meghan White	Active	Peter VerLee, M.D.	Bangor

B. List B Applications for Individual Consideration

1. Anna Trede, M.D.

The Licensure Committee moved to approve the license application of Anna Trede, M.D.  
The motion passed unanimously.

2. Rachel M. Swartz, M.D.

The Licensure Committee moved to investigate further the license application of Rachel M. Swartz, M.D. The motion passed unanimously.

C. List C Applications for Reinstatement

1. List C Applications for Reinstatement

Dr. Andrews moved to approve reinstatement for the physicians on List C below. Dr. Barnhart seconded the motion, which passed unanimously.

The following license reinstatement applications have been approved by staff and Board Secretary without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Asubiaro, Waheed A.	Family Practice	Not Listed
Langston, James W.	Urology	Rumford

2. List C Applications for Reinstatement for Individual Consideration (None)

D. List D Withdrawals

1. List D (1) Withdraw License Application (None)

2. List D (2) Withdraw License from Registration (None)

3. List D(3) Withdraw License from Registration - Individual Consideration (None)

E. List E Licenses to lapse by operation of law (FYI)

The following physician and physician assistant licenses lapsed by operation of law effective February 6, 2012.

<u>NAME</u>	<u>LICENSE NO.</u>
Aziz, Mohammed	MD17035
Bianco, Adrian	MD18175
Bigbee, John	MD16985
Bonita, Karen	MD17146
Bottorabi, Baktash	MD18367

Cotter, Thusitha	MD18019
Damle, Sagar	MD18344
Golub, Robert	MD18713
Hall, Kent	MD16891
Holdsworth, Donald	MD12647
Hunt, Karen	MD15705
Jackson, Marianne	MD13666
Macinnes, Ian	MD9227
Mansoor, Shahid	MD14641
Matera, Andrew	AL91003
Merris, Kimberly	MD15656
Niazi, Tariq	MD14188
Pang, Samuel	D15395
Pierce, Carol	MD14608
Popli, Gautam	MD14782
Sbardella, Edward Jr.	MD18149
Shaukat, Khayam	MD16940
Shields, Lawrence	MD7661
Sobel, Sidney	MD6046

F. List F Licensees requesting to convert to active status (None)G. List G Renewal applications for review1. Peter Dicks, M.D.

The Licensure Committee moved to grant an inactive license to Peter Dicks, M.D. in lieu of denying an active renewal due to a medical leave of absence. The motion passed unanimously.

H. List H. Physician Assistant Schedule II Authority Requests (For Ratification)1. Applications to Renew Schedule II Authority (None)2. Applications for New Schedule II Authority

Dr. Barnhart moved to approve the Schedule II Authority to the physician assistants listed below. Dr. Dumont seconded the motion, which passed unanimously.

The following new requests for Schedule II prescribing authority have been approved by the Board Secretary, Maroulla Gleaton, MD.

NAME	PSP	LOCATION
Erica Rice, P.A.-C	Michael Baumann, M.D.	Portland
Thomas Gallagher, P.A.-C	Brian McGrory, M.D.	Falmouth
Kate Worcester, P.A.-C	Mark O. Brown, M.D.	Bar Harbor



Samuel Umbriaco, P.A.-C  
Carol Vielehr, P.A.-C

Calvin Yates, M.D.  
Mark Bucksbaum, M.D.

Damariscotta  
Waterville

XIV. Standing Committee Reports

A. Administration, Policy & Rules Committee

1. Quarterly Financial Analysis

Dr. Jones reviewed the quarterly financial report for the Board which shows beginning cash reserves of \$297,029, total revenue \$535,742, total expenses of \$775.312 leaving \$57,460 in cash reserves at the end of the quarter.

The Board's long term financial goal of reducing excess cash reserves has been accomplished. Rather than increasing fees two years ago, excess cash reserves were used to fund opioid prescribing education projects, hiring a part time medical director, and major computer systems upgrades.

2. Action to adjust revenue by authorizing certain fee increases

Dr. Jones moved to increase the license renewal fee for the first time in over ten years from \$400 to \$500 beginning with licenses expiring April 30, 2012. Dr. Nyberg seconded the motion, which passed unanimously.

The action was necessary to re-balance revenues and expenses after the actions described in 1 above, and to provide ongoing revenues to fund anticipated education efforts relating to opioid prescribing activities.

3. Proposed Annual Goals (FYI)

The Administrative Committee reviewed the goals for the Board for the coming year.

B. Legislative & Regulatory Committee

Mr. Manning reviewed ongoing legislation of interest to the Board.

XV. Board Correspondence (FYI)

XVI. FYI

XVII. FSMB Material (None)

XVIII. Other Business

A. MPHP Proposed Mental Health Treatment Protocol

Dr. Lani Graham and Dr. Margaret Palmer introduced a pilot project that will add Behavioral and/or Mental Illness to the Medical Professionals Health Program.

XIX. Adjournment (4:00 p.m.)

Dr. Dumont moved to adjourn. Dr. Jones seconded the motion, which passed unanimously.

Respectfully submitted,



Jean M. Greenwood

Jean M. Greenwood  
Board Coordinator

# MAINE STATE BOARD OF LICENSURE IN MEDICINE

IN RE: Wesley A. McEldoon, M.D. ) DECISION AND ORDER  
DISCIPLINE )

**I. PROCEDURAL HISTORY**

Pursuant to the authority found in 32 M.R.S. § 3282-A, *et seq.*, 5 M.R.S. § 9051, *et seq.* and 10 M.R.S. § 8001, *et seq.*, the Board of Licensure in Medicine (Board) met in public session at the Board's offices located in Augusta, Maine at 1:00 p.m. on January 10, 2012. The purpose of the meeting was to conduct an adjudicatory hearing to decide whether Wesley McEldoon, M.D. violated Board statutes and/or Rules as alleged in the Notice of Hearing. A quorum of the Board was in attendance during all stages of the proceedings. Participating and voting Board members were Chairman Gary R. Hatfield, M.D., public member David Nyberg, Ph. D., Maroulla S. Gleaton, M.D., David H. Dumont, M.D., David D. Jones, M.D., Louisa Barnhart, M.D., public member Dana D. Dyer, and David R. Andrews, M.D. Dr. McEldoon did not appear and neither was he represented by legal counsel. Dennis Smith, Ass't. Attorney General, presented the State's case. James E. Smith, Esq. served as Presiding Officer.

The Board convened the hearing and first determined that there were no conflicts of interest or bias on behalf of any Board member. The Board then took administrative notice of its statutes and Rules. State's exhibits 1-21 were admitted into the Record and the Board determined that service of the notice of hearing had been duly perfected at least by First Class mail on or about December 6, 2011. Subsequent to the State's opening statement, the taking of testimony, admission of exhibits, and the State's closing argument, the Board deliberated and made the following conclusions of law, and findings of fact by a preponderance of the credible evidence.

## II. FINDINGS OF FACT

1. On or about November 4, 2009, the Board received Dr. Wesley McElدون's application for a Maine emergency medical license. On that application, Dr. McElدون executed an affidavit in

which he affirmatively stated in writing that “I will file a completed application for a permanent Maine [medical] license within 14 days of having been issued an emergency license.”

2. On November 16, 2009, relying upon Dr. McEldoon’s affirmation, the Board staff issued him an emergency medical license that allowed Dr. McEldoon to practice medicine in the State of Maine. The license expired on February 24, 2010.

3. Board staff contacted Dr. McEldoon via e-mail on November 3, 2010 to notify him that no permanent Maine medical license application had been received. The e-mail further stated that if he did not respond by November 30, 2010, the matter would be referred to the Board for review.

4. The Board reviewed the matter at their meeting on February 8, 2011 and voted to issue a complaint against Wesley McEldoon, M.D. alleging unprofessional conduct and fraud or deceit in obtaining the emergency medical license based on his failure to complete the process for a permanent Maine medical license as he represented he would.

5. A notice of complaint was sent to the Respondent’s contact address via certified mail, return receipt requested, on March 15, 2011. The notice was returned to the Board on April 14, 2011.

6. A notice of complaint was sent to Respondent McEldoon’s contact address via certified mail, return receipt requested, on May 4, 2011. The notice was returned to the Board on June 13, 2011 marked “unclaimed”.

7. A notice of complaint was sent to Respondent McEldoon’s contact address via first class mail on June 28, 2011.

8. An e-mail was also sent to Dr. McEldoon on June 28, 2011 informing him that the Board was attempting to contact him via certified letters to his home and requesting that he contact the Board.

9. Dr. McEldoon finally contacted Board staff on June 28, 2011 and requested that a copy of the complaint be sent to him via e-mail. His request was complied with that day. At the same time, a request was made of him to respond in writing to the complaint within thirty (30) days.

10. Board staff contacted Dr. McEldoon via e-mail on July 29, 2011 to check on the status of his response to the complaint. Dr. McEldoon responded via e-mail that day and indicated that he no longer wished to have a Maine medical license. Board staff responded to his e-mail and indicated that a response to the complaint was still required. Board staff received no response from Dr. McEldoon.

11. Randal C. Manning, Executive Director of the Maine Board of Licensure in Medicine, contacted Respondent McEldoon via e-mail on August 3, 2011 and explained possible action that the Board might take if he did not respond to the complaint. Mr. Manning informed the Respondent that the matter would be presented to the Board at their September meeting and requested that he respond no later than August 12, 2011. Mr. Manning added: "The emergency license was granted. Even if the physician no longer works in this state, Board laws and rules are taken seriously, and the obligation of the Board to fully verify credentials is clear. Your choice not to return to Maine does not satisfy the attestation." Mr. Manning further informed Dr. McEldoon that "a Board finding of discipline always has profound and extremely long lasting ramifications on the licensee."

12. To date the Board has not received a response to the complaint.

### **III. CONCLUSIONS OF LAW**

The Board, by the vote of 8-0, concluded as a result of the above factual findings that Dr. Wesley McEldoon violated the following two Board statutes.

A. Dr. McEldoon engaged in unprofessional conduct in violation of 32 M.R.S. § 3282-A(2)(F) by violating a standard of professional behavior that has been established in the practice for which the licensee is licensed.

B. Dr. McEldoon engaged in the practice of fraud or deceit in obtaining a license under this chapter or in connection with services rendered within the scope of the license issued in violation of 32 M.R.S. §3282-A(2)(A).

#### IV. SANCTIONS


Based on the above evidence and other evidence found in the record but not alluded to herein, and having considered that the Board's sole purpose is to protect the public health and welfare, the Board voted 8-0:<sup>1</sup>

1. To **REPRIMAND** Wesley A. McEldoon, M.D.
2. To require Dr. McEldoon to **pay a fine** of fifteen hundred dollars (\$1500.00) prior to May 15, 2012 per each of the above two violations for a **total of three thousand dollars**. Payment shall be by certified check or money order made payable to: "Treasurer, State of Maine" and remitted to Randal C. Manning, Executive Director, 137 State House Station, Augusta, Maine. 04333-0137.
3. To require Dr. McEldoon to reimburse the Board by May 15, 2012 for the costs of the hearing and also the hearing record and transcription costs in the event of an appeal by him. The costs will be attached to this decision. Payment shall be by certified check or money order made payable to: "Maine Board of Licensure in Medicine" and remitted to Randal C. Manning, Executive Director, 137 State House Station, Augusta, Maine. 04333-0137. This sanction is ordered based on the premise that those who violate Board Rules and statutes should be responsible for the costs of the hearing as opposed to those licensees who obey such laws. Additionally, this proceeding could most probably been avoided if the Respondent had responded and made a serious attempt at resolving the issues.

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<sup>1</sup> "The sole purpose of an occupational and professional regulatory board is to protect the public health and welfare. A board carries out this purpose by ensuring that the public is served by competent and honest practitioners and by establishing minimum standards of proficiency in the regulated professions by examining, licensing, regulating and disciplining practitioners of those regulated professions. Other goals or objectives may not supersede this purpose."

Dated: February 14, 2012

  
\_\_\_\_\_  
Gary R. Hatfield, M.D., Chairman  
Maine Board of Licensure in Medicine

V.

**APPEAL RIGHTS**

Pursuant to the provisions of 5 M.R.S. § 10051.3 and 10 M.R.S. § 8003 (5)(G) and (5-A), any party that appeals this Decision and Order must file a Petition for Review in the Superior Court within 30 days of receipt of this Order. The petition shall specify the person seeking review, the manner in which they are aggrieved and the final agency action which they wish reviewed. It shall also contain a concise statement as to the nature of the action or inaction to be reviewed, the grounds upon which relief is sought and a demand for relief. Copies of the Petition for Review shall be served by Certified Mail, Return Receipt Requested upon the Maine State Board of Licensure in Medicine, all parties to the agency proceedings and the Attorney General.

MAINE BOARD OF LICENSURE IN MEDICINE  
COSTS OF INVESTIGATION AND ENFORCEMENT

CR:2011-61

Wesley McEldoon, M.D.

prepared

15-Feb-12 update

STAFF TIME		Hrs	Min	Rate	Amt	TOTAL
Consumer Assistant		0		\$35.00	\$0.00	
Investigator		0		\$27.00	\$0.00	
hearing Officer		5	0	\$115.00	\$575.00	\$575.00
OUTSIDE REVIEWS & EVALUATIONS						
3286 evaluation					\$0.00	
Expert Review					\$0.00	
Expert Witness					\$0.00	\$0.00
PUBLIC NOTICE						
Bangor Daily News	col inches	0		\$0.00	\$123.00	
Kennebec Journal	lines	0		\$0.00	\$58.89	
Lewiston Sun Journal	col inches	0		\$0.00	\$21.52	
Portland Press Herald	lines	0		\$0.00	\$70.88	\$274.29
SUPPLIES						
covers				\$3.00	\$0.00	
copies				\$0.25	\$0.00	
				\$0.25	\$0.00	
	exhibits			\$0.25	\$0.00	\$0.00
	med record			\$0.25	\$0.00	
HEARING RECORD						
	recording fee	0		\$200.00	\$0.00	
	transcription (estimated)			\$6.25	\$0.00	
				\$0.25	\$0.00	\$0.00
GRAND TOTAL						\$849.29



STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE

In re:	)	CONSENT
John A. Boothby, M.D.	)	AGREEMENT
Complaint No. CR10-601	)	

This document is a Consent Agreement, effective when signed by all parties, regarding a disciplinary action concerning and conditions imposed upon the license to practice medicine in the State of Maine held by John A. Boothby, M.D. The parties to the Consent Agreement are: John A. Boothby, M.D. ("Dr. Boothby"), the State of Maine Board of Licensure in Medicine ("the Board") and the State of Maine Department of the Attorney General. This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5)(B) and 32 M.R.S. § 3282-A.

STATEMENT OF FACTS

1. Dr. Boothby has held a license to practice medicine in the State of Maine since March 3, 1969, and specializes in Neurology.

2. On October 12, 2010, the Board issued Dr. Boothby a letter of guidance following an informal conference with Dr. Boothby and dismissal of a complaint filed against his medical license. The underlying complaint leading to the informal conference and the letter of guidance involved allegations of rudeness to a patient, her husband, and social worker. The letter of guidance encouraged Dr. Boothby to attend a course on communication, and urged Dr. Boothby to: treat patients and their family members "with respect"; "empathize with [his] patients and act at all times in a professional manner"; continue to utilize the skills he learned at "The Guthrie Clinic communication course in

future patient encounters”; and not abuse his “authority.” The Board placed the letter of guidance on file for ten years, and notified Dr. Boothby that it could access and consider it “in any subsequent action commenced” against his license within that time.

3. On or about December 17, 2010, the Board received a complaint from KH, the parent of minor patient GH, who alleged that during her son’s appointment with Dr. Boothby on November 30, 2010 that Dr. Boothby acted in an unprofessional manner by being rude, condescending, and throwing a tissue box at GH, who was crying. In addition, KH alleged that Dr. Boothby approached GH, asked if he was a “tough guy” and stated that he did “80 push-ups that morning.” KH alleged that Dr. Boothby’s behavior was “bizarre.” The Board docketed that complaint as CR10-601, and sent it to Dr. Boothby for a response.

4. On January 12, 2011, the Board received a written response from Dr. Boothby to complaint CR10-601. In his response, Dr. Boothby stated that GH had a “serious problem with anger management” and lacked “courtesy and respect” for him as a physician fifty years his elder. Dr. Boothby alleged that he wanted to impress upon GH and KH “the seriousness of a sport’s concussion,” a subject with which he has had personal experience and about which he is very passionate having been selected by the American Academy of Neurology to educate coaches, trainers, athletes and parents on this subject. Dr. Boothby admitted that perhaps, based upon his own personal experience, he was “emotional” in his discussion with GH and KH. Dr. Boothby admitted

that he tossed a box of tissues "a few feet into [GH's] lap when he became tearful" after Dr. Boothby advised him not to participate in any contact sports. Dr. Boothby expressed surprise when GH threw the tissue box across the room "with considerable force." According to Dr. Boothby, GH physically threatened him as he tried to examine GH, so Dr. Boothby "mentioned doing 'push-ups' simply to discourage [GH] from striking [Dr. Boothby] with a fist." According to Dr. Boothby, both GH and KH left his office before he could schedule an MRI. In addition, Dr. Boothby asserted that he called GH's primary physician, and told him about his interaction with GH and KH. Dr. Boothby asserted that GH's primary physician stated "he was not surprised by [GH's] actions or [KH's] apparent lack of concern."

5. On January 25, 2011, the Board received additional information from KH in reply to Dr. Boothby's response. According to KH: GH never threw the tissue box; Dr. Boothby was the only one who acted in a threatening manner; GH only became confrontational after Dr. Boothby became so confrontational; and that GH's primary physician actually told Dr. Boothby that "he was surprised to hear about [GH's] alleged behavior and that he has never observed anything like that," and that Dr. Boothby stated "I guess you're not gonna be of any help to me" and hung up. KH invited the Board to contact GH's primary physician to confirm the contents of that conversation.

6. On or about February 8, 2011, the Board reviewed complaint CR10-601, including Dr. Boothby's response and all investigative information obtained to date, and voted to investigate the matter further by requesting

Board staff to interview GH's primary physician. In addition, the Board directed that Dr. Boothby undergo a neuropsychiatric evaluation pursuant to 32 M.R.S. § 3286 to evaluate Dr. Boothby's cognitive and emotional functioning.

7. On February 11, 2011, the Board investigator met with GH's primary physician. GH's primary physician told the Board's investigator that: he believed that Dr. Boothby took his statement out of context; he told Dr. Boothby that if he told GH that he could not play sports again then he could understand why GH would be so upset; that he told Dr. Boothby, when asked, that GH had never before acted in that manner with him; and that there were "two sides to this story" and that Dr. Boothby may have "twisted his words to support his side of the story."

8. On October 11, 2011, the Board reviewed complaint CR10-601, including the Board investigator's report and the neuropsychiatric evaluation. The neuropsychiatric evaluation report indicated that Dr. Boothby: admitted he might have told GH to "stop crying you cry baby" and that "it wasn't a good choice"; acknowledged that in hindsight he was "maybe lecturing too much... like an authority... [and that he] should have backed off but [he] didn't... [he] was trying to save his brain essentially"; and that he was "not empathic and could have handled it better." In addition, Dr. Boothby acknowledged to the evaluator that he probably said something like "I guess you're not going to be of any help to me" to GH's primary physician when Dr. Boothby called him after the incident with patient GH. The evaluation also revealed that at or around

the time of the incident with patient GH, Dr. Boothby had discontinued medications that he had been taking for some time, which may have contributed to Dr. Boothby's behavior. In addition, the evaluation indicated that Dr. Boothby does not suffer from any cognitive deficits. Following its review, the Board voted to schedule complaint CR10-601 for an adjudicatory hearing. In addition, the Board authorized its assigned legal counsel to negotiate a consent agreement to resolve complaint CR10-601 without an adjudicatory hearing.

9. This Consent Agreement has been negotiated by and between legal counsel for Dr. Boothby and legal counsel for the Board in order to resolve complaint CR10-601 without an adjudicatory hearing. Absent Dr. Boothby's acceptance of this Consent Agreement by signing and dating it in front of a notary and mailing it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before February 6, 2012, the matter will be scheduled for an adjudicatory hearing. In addition, absent the Board's acceptance of this Consent Agreement by ratifying it, the matter will be scheduled for an adjudicatory hearing.

10. By signing this Consent Agreement, Dr. Boothby and his legal counsel waive any and all objections to, and hereby consent to the presentation of this Consent Agreement to the Board by its assigned legal counsel for possible ratification. Dr. Boothby and his legal counsel also forever waive any arguments of bias or otherwise against any of the Board members based solely upon the Board's failure to ratify this proposed Consent Agreement.

## COVENANTS

In lieu of proceeding to an adjudicatory hearing in this matter, Dr. Boothby agrees to the following :

11. Dr. Boothby admits that with regard to complaint CR10-601 the Board has sufficient evidence from which it could reasonably conclude that he engaged in unprofessional conduct, and that such conduct constitutes grounds for discipline of his Maine medical license pursuant to 32 M.R.S.A. § 3282-A(2)(F).

12. Dr. Boothby agrees to accept, and the Board agrees to issue, the following discipline effective upon execution<sup>1</sup> of this Consent Agreement:

a. A WARNING. Dr. Boothby is hereby warned by the Board for engaging in unprofessional conduct towards patient GH and his mother, KH. Dr. Boothby agrees never to engage in this type of conduct again.

b. A LICENSE PROBATION for TWO (2) years following the execution of this Consent Agreement. As specific conditions of probation, Dr. Boothby shall:

(i) Enroll in, attend, and successfully complete a Board-approved substantive course in medical ethics and boundaries within six (6) months following the execution of this Consent Agreement. The ethics and boundaries course must cover the topic of appropriate patient-physician boundaries. Dr. Boothby shall provide the Board with documentation of the

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<sup>1</sup> For the purposes of this Consent Agreement, "execution" shall mean the date on which the final signature is affixed to this Consent Agreement.

successful completion of this course in medical ethics and boundaries within six (6) months following the execution of this Consent Agreement.

(ii) Enroll in, attend, and successfully complete a Board-approved course in physician-patient communication within six (6) months following the execution of this Consent Agreement. The course must cover the topics of empathy and interaction. Dr. Boothby shall provide the Board with documentation of the successful completion of this course in medical ethics and boundaries within six (6) months following the execution of this Consent Agreement.

(iii) Within thirty (30) days following the execution of this Consent Agreement, Dr. Boothby shall send patient GH and his mother, KH, a letter of apology regarding his conduct on November 30, 2010. In complying with this condition, Dr. Boothby shall provide the Board with a copy of the letter of apology he sends to patient GH and his mother, KH, within thirty (30) days following the execution of this Consent Agreement.

(iv) Within one (1) year of the execution of this Consent Agreement, Dr. Boothby shall reimburse the Board \$1,145.45 as the actual costs incurred by the Board for the investigation of this matter. Payment shall be made by certified check or money order made payable to "Maine Board of Licensure in Medicine" and be remitted to Maria MacDonald, Investigator, Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137.

(v) Take all medications as prescribed to him by his treating physician(s).

13. Violation by Dr. Boothby of any of the terms or conditions of this Consent Agreement shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of re-licensure.

14. Pursuant to 10 M.R.S.A. § 8003(5) the Board and Dr. Boothby agree that the Board has the authority to issue an order, following notice and hearing, modifying, suspending or revoking his license in the event that he fails to comply with any of the terms or conditions of this Consent Agreement.

15. Dr. Boothby waives his right to a hearing before the Board or any court regarding all findings, terms and conditions of this Consent Agreement. Dr. Boothby agrees that this Consent Agreement and Order is a final order resolving complaint CR10-601. This Consent Agreement is not appealable and is effective until modified or rescinded by the parties hereto. This Consent Agreement cannot be amended orally. It can only be amended by a writing signed by the parties hereto and approved by the Office of Attorney General. Requests for amendments by Dr. Boothby shall be made in writing and submitted to the Board. Dr. Boothby may, at reasonable intervals, petition the Board for amendment of the terms and conditions of this Consent Agreement. Upon making such a petition, Dr. Boothby shall bear the burden of demonstrating that the Board should amend the Consent Agreement. The Board shall have the discretion to: (a) deny Dr. Boothby's petition; (b) grant Dr.



Boothby's petition; and/or (c) grant Dr. Boothby's petition in part as it deems appropriate to ensure the protection of the public. Any decision by the Board on this issue need not be made pursuant to a hearing and is not appealable.

16. The Board and the Office of the Attorney General may communicate and cooperate regarding Dr. Boothby or any other matter relating to this Consent Agreement.

17. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

18. This Consent Agreement constitutes discipline and is an adverse licensing action that is reportable to the National Practitioner Data Bank (NPDB), the Healthcare Integrity and Protection Data Bank (HIPDB), and the Federation of State Medical Boards (FSMB).

19. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto, including any and all medical practice partners. If any clause of this Consent Agreement is deemed illegal or invalid, then that clause shall be deemed severed from this Consent Agreement.

20. The Board and Dr. Boothby agree that no further agency or legal action will be initiated against him by the Board based upon the facts described herein, except or unless he fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event

that similar proven allegations are brought against Dr. Boothby in the future. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Dr. Boothby's license.

21. Dr. Boothby acknowledges by his signature hereto that he has read this Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Consent Agreement, that he executed this Consent Agreement of his own free will and that he agrees to abide by all terms and conditions set forth herein.

22. Dr. Boothby has been represented by Peter J. DeTroy, Esq., who has participated in the negotiation of the terms of this Consent Agreement.

**I, JOHN A. BOOTHBY, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS AND AGREE TO ABIDE BY THEM. I FURTHER UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.**

DATED: 2/2/12

John A. Boothby, M.D.  
JOHN A. BOOTHBY, M.D.

STATE OF Maine  
Cumbealwa, S.S.

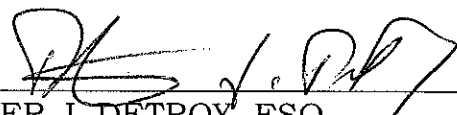
Personally appeared before me the above-named John A. Boothby, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

DATED: \_\_\_\_\_

  
\_\_\_\_\_  
NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS: \_\_\_\_\_

DATED: 2-6-12

  
\_\_\_\_\_  
PETER J. DETROY, ESQ.  
ATTORNEY FOR JOHN A. BOOTHBY,  
M.D.


STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE

DATED: 2/14/12

  
\_\_\_\_\_  
GARY R. HATFIELD, M.D., Chairman

STATE OF MAINE DEPARTMENT  
OF THE ATTORNEY GENERAL

DATED: 2/14/12

  
\_\_\_\_\_  
DENNIS E. SMITH  
Assistant Attorney General

Effective Date: 2/14/12